FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

A ETHICS AND

2010 MAY 19 PM 3: 37

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| COMMITTEE NAME (Must be same as on Statement of Org | - (| Suthrie | |
|--|--|---------------|---|
| The Committee to Re-elect Mary Bento | | FORM | |
| IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Cand Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue | 2)State PAC (3)State Party | (R | DR-2 ev. 12/2009) DISCLOSURE REPORT r Office Use Only mm. # 185 18 |
| CANDIDATE COMMITTEES ONLY: | | | gged In |
| Candidate Name Mary Benton | Political Party (if applicable) | Sci | anned S |
| • | <u>Democrat</u> | Co | mputer |
| Guthrie County Attorney | District (if Senate or House) | | dited |
| Late reports are subject to possible civil and criminal penalties. Pu candidate's committee, and the chairperson, for any other type of | rsuant to lowa Code sections 68B.32A(7 |) and 68A | .401(3), the candidate, for a |
| | | _ | • |
| Mary & McColloch | 515-789-4270 | 1 | 5/18/2010 |
| SIGNATURE OF PERSON FILING REPORT | TELEPHONE | - | DATE SIGNED |
| 1.0 | | | |
| I AM FILING A MAY 19, 2010 | REPORT FOR (1) ELECTION / | (2)NON-E | LECTION YEAR. |
| (report date) | Indicate by # | | |
| ☐CHECK IF AMENDMENT TO REPORT DATED | | ocal Comm | nittees, enter Date of Election |
| | | oodi ooniii | micos, cinor bate of Election |
| Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is filed | 1\ | | cal Committees, enter County in |
| (Four must contained to the reports until a DIT-3 is filed | [•] ·' | hich Election | on is held |
| | | | |
| | | | |
| STATEMENT OF CASH ON HAN | | | |
| STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fi | otal of all funds held by the cash on hand at the end | \$ | Ø |
| CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the | otal of all funds held by the cash on hand at the end | \$ | Ø |
| CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is find ADD TOTAL MONEY TAKEN IN THIS PERIOD | otal of all funds held by the cash on hand at the end irst report filed.) | | <u>Ø</u> 3207.00 |
| CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fi | otal of all funds held by the cash on hand at the end irst report filed.) | | |
| CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is final ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) | otal of all funds held by the cash on hand at the end irst report filed.) | | 3207.00 1000.00 |
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| CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fit ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule Schedule H: Total Sales of Campaign Property (Attack (Schedule H applies to Candidates' Commission Subtract Total Money Spent This Period | otal of all funds held by the cash on hand at the end irst report filed.) | \$ | <u>1000.00</u> <u>4207.00</u> |
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| CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fit ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule Schedule H: Total Sales of Campaign Property (Attack Schedule H applies to Candidates' Commission Subtract Total Money Spent This Period Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final repayments BILLS (From Schedule D - Attach Schedule D) | otal of all funds held by the cash on hand at the end irst report filed.) | \$\$ | 1000.00 4207.00 2472.29 1734.71 |
| CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fit ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule Schedule H: Total Sales of Campaign Property (Attach Schedule H applies to Candidates' Commission Subtract Total Money Spent This Period Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final repayments BILLS (From Schedule D - Attach Schedule D) | otal of all funds held by the cash on hand at the end irst report filed.) Jule A) (*also see in-kind below) | \$\$\$ | 1000.00 4207.00 2472.29 |
| CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fit ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule Schedule H: Total Sales of Campaign Property (Attack Schedule H applies to Candidates' Commission Subtract Total Money Spent This Period Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final repayments BILLS (From Schedule D - Attach Schedule D) | otal of all funds held by the cash on hand at the end irst report filed.) Jule A) (*also see in-kind below) | \$\$\$ | 1000.00 4207.00 2412.29 1734.71 840.08 1000.00 |
| CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fit ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule Schedule H: Total Sales of Campaign Property (Attach Schedule H applies to Candidates' Communication Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final reporting BILLS (From Schedule D - Attach Schedule D)* *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule CONSULTANT BREAKDOWN (Schedule G Attached?) | otal of all funds held by the cash on hand at the end irst report filed.) Jule A) (*also see in-kind below) | \$\$\$ | 1000.00 4207.00 2412.29 1734.71 840.08 1000.00 |
| CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fit ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule Schedule H: Total Sales of Campaign Property (Attack Schedule H: Applies to Candidates' Communication Schedule B: Expenditures total (Attach Schedule B: Schedule B: Expenditures total (Attach Schedule B: Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final repair to the contributions) (From Schedule E - Attach Schedule To CONTRIBUTIONS) (From Schedule E - Attach Schedule To CONTRIBUTIONS) (From Schedule F - Attach Schedule To CONTRIBUTIONS) | otal of all funds held by the cash on hand at the end irst report filed.) Jule A) (*also see in-kind below) F) | \$\$\$ | 1000.00 4207.00 2412.29 1734.71 840.08 1000.00 |

CONTRIBUTIONS -- MONEY TAKEN IN

| CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds) | | A (Rev. 07/03) | MONETARY RECEIPTS |
|--|------------|-----------------------|------------------------------|
| COMMITTEE NAME (Must be same as on Statement of Organization) The Committee to Re-elect Mary Benton Guthri | ieCounty - | | CK THIS BOX IF NDING FORM |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--------------------------------|---|--|--|--------------------|---------------------------------------|
| 03/04/10 | ID# CK# | Donald D Stanley, Jr 9735 Aurora Ave Urbandale, 1A 50322 | | \$100,00 | |
| 3/15/10 | ID# CK# | Patricia D. Purviance 2000 Southlawn Dr. Des Moines, 1A 50315 | | 20,00 | |
| 4/3/10 | ID# CK# | James L. Agnew 933 12th St West Des Moires, 1A 50265 | | 100.00 | |
| 4/8/10 | ID# CK# | Douglas D. Hammerand 535 S 5th St. Carlisle, Iowa 50047 | | 50.00 | |
| 4/8/10 | ID# CK# | John D. Wambold 3283 Wnite Pole Rd Po Box 601 Stuart, 1A 50250 | | 100.00 | |
| 4/10/10 | ID# CK# | Marie Sharon 2372 Maple Ave Guthrie Center, 1A 50115 | | 100,00 | |
| 4/10/10 | ID# CK# | Ayleen Smith 1652 Hwy 25 Guthrie Center, /A 50115 | | 25,00 | |
| 4/10/10 | ID# CK# | Mary Jane Venteicher 6323 Panorama Drive Panora, 1A 50216 | | 100.00 | |
| 4/10/10 | ID# CK# | Richard H Hickman 2155 5 4th St West Des Moines, 1A 50265-8310 | | 100.00 | |
| 4/10/10 | ID# CK# | Warren Varley 5821 Brentwood Circle Johnston, /A 50131 | | 100,00 | |
| | | | SUB-TOTAL | \$ 795,00 | |

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

Reset Form

| Reset F | SCH | EDULE | - |
|---|--------|-----------------------|--------------------------|
| CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds) | | A v. 07/03) | MONETARY RECEIPTS |
| committee NAME (Must be same as on Statement of Organization) The Committee to Re-elect Mary Benton Guthrie County At | torney | | THIS BOX IF DING FORM |
| | /— | | |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--------------------------------|---|---|--|--------------------|---------------------------------------|
| 4/10/10 | ID# CK# | Mary E McColloch 14253 Bear Creek Road Reafield, 1A 50233 | | \$ 25,00 | |
| 4/10/10 | ID# CK# | Diek Pawlowski 483b Lean to Point Panora, IA 5021b | | 50,00 | V |
| 4/10/10 | ID# CK# | James D Miller 1504 W Prairie Wood Ct Polk City, 1A 5022b | | 50,00 | |
| 4/10/10 | ID# CK# | Susan Hjelle 106 N 6th St Place Guthrie Center, 1A 50115 | | 50.00 | |
| 4/11/10 | ID# CK# | Willard Wild Olesen 204 NE Grant Greenfield, /A 50849 | | 100,00 | |
| 4/13/10 | ID# CK# | Thomas S Tauber 7208 Franklin Ave Windsor Heights, Iowa 50322 | | 15,00 | |
| 4/13/10 | ID# CK# | Timothy Klima 1065 Lindale Dr Marion, 1A 52302-2852 | | 250.00 | |
| 4/13/10 | ID# CK# | Dr. Christian Siebrasse 316 N Adair St Stuart, 1A 50250 | | 50.00 | |
| 4/21/10 | ID# CK# | Peter Grady 106E Lincoln St Marshalltown, 1A 50158 | | 25,00 | |
| 4/21/10 | ID# CK# | Teresa E. Maynes 206 NE Hayes Greenfield, 1A 50849 | | 100.00 | |
| | | | SUB-TOTAL | 725 co | |

TOTAL (if last page of this schedule)

of ______ of _____ (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS -- MONEY TAKEN IN

| (Including candidate's personal funds) | (Rev. 07/03) | RECEIPTS |
|---|--------------|------------------------------|
| COMMITTEE NAME (Must be same as on Statement of Organization) The Committee to Re-elect Mary Benton Guthrie County Attorney | | CK THIS BOX IF NDING FORM |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--------------------------------|---|---|--|--------------------|---------------------------------------|
| 4/10/10 | ID# CK# | Nancy J Wetzel 502 Oak Street Guthrie Center, 1A 50115 | | \$ 15,00 | |
| 4/10/10 | ID# CK# | Lori Nelson 1206 Locust Ave Bayard, 1A 50029-8541 | | 25.00 | |
| 4/12/10 | ID# CK# | Ginnie Padden 9233 Diamordhead Dr Dexter, IA 50070-7503 | | 25.00 | |
| 4/10/10 | ID# CK# | Frank Steinbach III 11731 NW 121st St Granoer, 1A 50109 | | 50,00 | |
| 4/10/10 | ID# CK# | Jonathon Smith 409 N Chestnut St Jefferson, 1A 50129-1933 | | 25,00 | V |
| 4/10/10 | ID# CK# | Mary E. Tabor 110 Lincoln Place Drive Des Moines, 1A 50312 | | 100.00 | V |
| 4/26/10 | ID# CK# | Douglas Rifrels 1390 Lost Trl Guthrie Center, 1A 50115-8690 | | 200.00 | |
| 4/26/10 | ID# CK# | Joyce Pickering 5206 Panorama Dr Panora, 1A 50216 | | 25,00 | |
| 4/29/10 | ID# CK# | Karen Riley Sievers 2711 Hwy 44 Guthrie Center, 1A 50115 | | 25,00 | |
| 4/29/10 | ID# CK# | Ann M Stough 30b E Main St Panora, IA 50216 | | 25,00 | |
| | | | SUB-TOTAL | \$515.00 | |

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familial relationship, enter "not applicable" in the relationship column.

(for Schedule A

TOTAL (if last page of this schedule)

SCHEDULE

MONETARY

Reset Form

| CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds) | (Rev. 07/03) | MONETARY RECEIPTS |
|---|--------------|------------------------------|
| COMMITTEE NAME (Must be same as on Statement of Organization) The Committee to Re-elect Mary Benton Guthrie County Attorney | AME | CK THIS BOX IF NDING FORM |

SCHEDULE

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--------------------------------|---|--|--|--------------------|---------------------------------------|
| 4/24/10 | ID# CK# | Geraldine Detlaan 4bb9 Panorama Dr Panora, 1A 5021b-8b34 | | \$ 50.00 | |
| 4/26/10 | ID# CK# | N.Carolyn England 218 SE8th Panora, 1A 5021b | | 25.00 | |
| 4/28/10 | ID# CK# | Jean H. Lanning 203 Iron Creck Rd Panora, 1A 50216 | | 15.00 | |
| 5/2/10 | ID# CK# | R.E. Feilmeyer Household Acct 5002 Karen Dr Panora TA r 50216 | | 15, ⁰⁰ | |
| 5/2/10 | ID# CK# | M.C. McQuaid 105 N/12th St Guthrie Center, IA 50115 | | 15.00 | |
| 5/2/10 | ID# CK# | Mrs. Gifford A. Covault 2035 4th St Guthrie Center, 1A 50115 | | 100.00 | |
| 5/2/10 | ID# CK# | Nancy Smith 901 State Street Guthrie Center, IA 50115 | | 50.00 | |
| 5/2/10 | CK# | Keith Hjelle 106N 6th St Place Guthrie Center, 1A 50115 | | 25,00 | V |
| 5/2/10 | ID# CK# | Judith Flanery 1102 Prairie Guthrie Center, 1A 50115 | | 50,00 | V |
| 5/1/10 | ID# CK# | Richard A Hinz 10966 NE 75th Ct Bondurant, 1A 50035 | | 300.00 | |
| | | TOTAL (If last page o | SUB-TOTAL of this schedule) | \$ bb5.00 | |

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4 of 5 (for Schedule A)

| CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds) | | A (Rev. 07/03) | MONETARY RECEIPTS |
|--|--------------|--------------------------|------------------------------|
| COMMITTEE NAME (Must be same as on Statement of Organization) The Committee to Re-elect Mary Berton Guthrie Cour | nty Attorney | - AME | CK THIS BOX IF NDING FORM |

SCHEDULE

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--------------------------------|---|---------------------------------|--|--------------------|---------------------------------------|
| 4/10/10 | ID# CK# | Unitemized Contributions | | \$ 317,00 | V |
| 4/25/10 | ID# CK# | Uniternized Contributions | | 75.00 | |
| 5/2/10 | ID# CK# | Unitemized Contributions | | 95,00 | |
| 5/5/10 | ID# CK# | Uniternized Contributions | | 20.00 | |
| | ID# CK# | | | | |
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| | | | SUB-TOTAL | 6000 | |

TOTAL (if last page of this schedule)

Page 5 of 5 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES | | | |
|-------------------------------|--------------------------|--|--|--|
| CHECK THIS BOX IF | | | | |

COMMITTEE NAME (Must be same as on Statement of Organization)

The Committee to Re-elect Mary Benton Guthrie County Attorney

| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|--------------------------------|--|---|--|--------------------|
| 3/25/10 | ID# CK# | Guthrie County Auditor Guthrie Center, 1A 50115 | 2 party labels | \$ 60.00 |
| 3/31/10 | ID# CK# | Office Depot 3910 university Drive Stelo West Des Moines, 1A 5026 | Copy Campaign letter and address label | 42,38 |
| 3/28/10 | | FedEx KinKo's 10201 University Ave Clive, 1A 50325-6471 | Copies | 93.55 |
| 4/1/10 | | The Stuart Herald Box 608 Stuart, IA 50250 | Advertising | 132.00 |
| 4/3/10 | | US Postal Service Guthrie Center, IA 50115 | Postage Stamps | 54.20 |
| 4/8/10 | ID# CK# | Walmart #1723 | Fundraising expense: Napkins, plates, Forks, spoons, | 42.26 |
| 4/10/10 | | Project Restore | Building Rental | 100.00 |
| 4/23/10 | ID# CK# | Office Depot 3910 University Dr West Des Moines, 1A 5026 | Copies | 50,88 |

SUB-TOTAL

75.27

TOTAL (if last page of this schedule)

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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| FOR INSTRUCTIONS, SEE BACK OF FORM | FOR | INSTRUCTIONS. | SEE BACK OF | FORM |
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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
|--------------------------------------|--------------------------|
| . — | CK THIS BOX IF |

COMMITTEE NAME (Must be same as on Statement of Organization)

The Committee to Re-elect Mary Benton Guthrie CountyAttorney

| 17.20-7. | | c ded hary benon qu | | |
|--------------------------------|--|---|--|--------------------|
| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
| | ID# | 1 1. Disting | | |
| 4/23/10 | CK# | Carter Printing 1739 East Grand Avenue Des Moines, 1A 50316 | lapel ofickers | \$ 961.42 |
| . , | ID# | | | <u> </u> |
| 4/9/10 | | Guthrie County State Bank Guthrie Center, 1A 50115 | LNEUNS | 9,00 |
| ر ــــ ا | ID# | aheader Cloverleaf Dairy L | LC - | |
| 9/6/10 | CK# | Sheeder Cloverleaf Dairy,1 1665-210th Street Guthrie Center, 1A 50115 | Fundraising Expense: Ice Cream | 200.00 |
| | ID# | Central Iowa Publishing | Inc | |
| 5/5/10 | | 409 Main Street, PoBox Bayard, IA 50029 | 130 2100 Colored Election Brochures | 674.10 |
| _ | ID# | Guthrie Center Times | | |
| 5/5/10 | CK# | 205 State Street, Po Box Guthrie Center, 1A 50115 | 217 Campaign Advertising | 52,50 |
| | ID# | | | |
| | CK# | | | |
| | ID# | - | | |
| | CK# | | | |
| | ID# | | | |
| | CK# | | | |

SUB-TOTAL

1897.02

TOTAL (if last page of this schedule)

\$2472.29

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(I).)

Page 2 of 2

COMMITTEE NAME (Must be same as on Statement of Organization)
The Committee to Re-elect Mary Benton Guthrie County Attorney

| SCHEDULE | | | | | |
|------------------------------------|---------------|--|--|--|--|
| l E l | IN-KIND | | | | |
| (Rev. 06/97) | CONTRIBUTIONS | | | | |
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| CHECK | THIS BOX IF | | | | |
| ☐ CHECK THIS BOX IF AMENDING FORM | | | | | |

Reset Form

| DATE | | | | | |
|------------------------|---|---|--------------------------------------|-----------------------------------|---|
| RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE * (if applicable) | DESCRIPTION OF IN KIND CONTRIBUTION | ESTIMATED FAIR MARKET VALUE | √ IF FOR FUND-RAISER CONTRIBUTION |
| 2/5/10 | Tim and Mary Benton 905 W State St Guthrie Center, 1A 50115 | self | voter report | 20,00 | |
| 2/6/10 | Tim and Mary Benton 505 W State St Guthrie Center, IA 50115 | self | Office Supplies | 12,52 | |
| 2/10/10 | quille certa, in term | Self | Office Supplies | 105.3b | |
| 2/10/10 | Tim and Mary Benton 505 W State St Guthrie Center, IA 50115 | self | Copies | 112.76 | |
| 2/23/10 | | self | Copies/ Labels | 27.10 | |
| 3/15/10 | quirific carra, 11 7017 | self | copies and envelopes | 171.41 | |
| 3/27/10 | autilie como, in july | self | Postage | 122,00 | |
| 3/24/10 | Tim and Mary Benton 505 W State St Guthrie Center, 1A 50115 | self | Color copies | 5 b1.54 | |
| 3/30/10 | . M. C. McQuaid 105 N 12th St Guthrie Center 1A 50115 | | In K Cartridge | 29.75 | |
| 4/18/10 | Tim and Mary Benton 505 W State St Guthrie Center, 1A 50115 | self | Spray Paint for Campaign Signs | 27.64 | |
| | ! | | SUB-TOTAL | \$690.08 | |
| | | | TOTAL (if last | \$ | |
| | | | page of this | | |
| | | | schedule) | | |

^{*}Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page / of 2 (for Schedule E)

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| COMMITTEE NAME (Must be same as on Statement of Organization) The Committee to Re-elect Mary Benton Guthrie County Attorney | | IN-KIND CONTRIBUTIONS |
|---|--|--------------------------|
| Reset Form | | THIS BOX IF DING FORM |

| DATE | | RELATIONSHIP | DESCRIPTION | EOTH 44 TES | · · · · · · · · · · · |
|------------------------|--|---------------------------------|--|-----------------------------------|---|
| RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF CONTRIBUTOR | TO CANDIDATE * (if applicable) | DESCRIPTION OF IN KIND CONTRIBUTION | ESTIMATED FAIR MARKET VALUE | √ IF FOR FUND-RAISER CONTRIBUTION |
| 4/14/10 | Ray Volesky 2145 275th St Guthrie Center, 1A 50115 | | Cutting Stencils | \$ 150.00 | |
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| | | | SUB-TOTAL TOTAL (if last page of this schedule) | \$ 150.00 \$ 840.08 | |

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2 (for Schedule E)

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE (If Applicable*) | AMOUNT OF LOAN |
|--------------------------------|--|--|----------------|
| 3/26/10 | Mary Benton 505 W State Street Guthrie Center, 1A 50115 | Self | 1,000.00 |
| | | | |
| | | | |
| · | | | |

\$ 1000.00

TOTAL (PART I)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E - In-kind Contributions.)

| NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE* (If Applicable) | AMOUNT REPAID |
|---|---|---|
| | | \$ |
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| | | |
| | | |
| | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) RELATIONSHIP TO CANDIDATE* (If Applicable) |

| | TOTAL CASH REPAYME From Schedule E TOTAL LOANS TOTAL OUTSTANDING LOANS END OF REI | FORGIVEN | \$\$ \$\$ \$\$ |
|---|---|----------|--------------------------|
| Disclosure law requires candidate committees to disclose the relationship of any relative naking a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is ne same as candidate, but there is no familial relationship, enter "not applicable" in the elationship column when it applies. | | Page | of / (for Schedule F) |